



UTHealth™

The University of Texas
Health Science Center at Houston

School of Biomedical
Informatics

Translational Project Defense Form Doctorate in Health Informatics (DHI)

Date: _____

Name: _____

Student ID Number: _____

The above named student has successfully defended his/her translational project.

The above named student has unsuccessfully defended his/her translational project.

Print Name	Signature	Date
<i>Associate Dean for Academic Affairs</i>		

Print Name	Signature	Date
<i>Primary Advisor/Chair</i>		

Print Name	Signature	Date
<i>Additional Committee Member</i>		

Print Name	Signature	Date
<i>Additional Committee Member</i>		

Print Name	Signature	Date
<i>Additional Committee Member</i>		